2411 N. Charles St., Baltimore



### 12351

### CERTIFICATE OF DEATH

Reg. Diat. No. 28/0

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County States
How long in above place of death?	City or town (If outside city of town limits) write RURAL and give nearest town)  Streel No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Everline Wellford as	bell 3. (b) Social Security Number
4. Sex 5. Color or race E.(a) Single, married, wighwed, or divorced	MEDICAL CERTIFICATION
Tremale White medowed	20. DATE DE DEATH Dec . 7 19.46 21/2:10Am
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above atated; that I allended deceased from  Social D. 19.3.6 to D.L. 7, 19.4.6.  and that I last aaw h. L. alive on D.C. 2, 19.4.6.
decensed (mo., day, yr.) July 31 1833	Immediais cause of death
8. AGE: Yaure Affonths Days If less than one day 7hrsmin.	luncal anteriosclerosis 10-yrs.
9. Birthplace (Town, eounty, and sighte)	Due to
10. Uaval occupation	Due to
11. Industry or business	
12. Name Frank Tompsenson	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Rebecca Lurius  15. Birthplace Turquia	Major findings of operations
\$ 15. Birthplace Tingung	Date of op.
16. Informant mars Bayne Clarke	Aotopsy resolts
Address Ridge mo	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
Burial, eremation, or removal. Which?)  Date thereof 12 7 - 46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide.
Cemelery or crematory Lineally Education	Whera did Injury occur?
Location St. Marshys Celly, MAS.	Injured at home, farm, industry, public place (where?)
18. Funeral director Tir. 6. Malting Sty Jonis	Meena of Injury Injured at work?
Address Leonwidtown mol	23. SIGNATURE PSBeary M.D. or other
19. 12 7 1946 Mean MA	23. SIGNATURE. Address Leaf Mills M. D. or other  Address Leaf Mills M. D. or other  Address Leaf Mills M. D. or other

DEC 10 1946
BUREAU VE

12352 K, Reg. Dist. No. 2020

### CERTIFICATE OF DEATH

2411 N. Cha	arlea St., Baltimore Pro
CERTIFICA	ATE OF DEATH Reg. Diat. No. 2020
1. PLACE OF DEATH:  Ceunty  City er town  (1f outside city or town limits, write HURAL and give nearest town)  How leng in abeve place of death?  Hospital, institution, er street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants rive residence of mother)  State Day County Day C
3. (a) FULL NAME	2.(a) It veteran, name war.  3. (b) Social Security Number
4. Sex 5 teler or race 6.(a) Single, married, widowed, or divorced male white single	MEDICAL CERTIFICATION  20. DATE OF DEATH. December 11 19.46, 21.9 2. P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I strended disceased from
7. Birth date of deceased (mo., day, yr.) Suly 15, 1929	and that I last saw h
8. AGE: Years Menths Days It less than ene day	in. Anjusta
9. Birthpiace May land.  (Town, county, and state)	Due te automobile accident
10. Usual occupation	Due to
12. Name Baiscol Ascheson  13. Birthplace Many Land	Other cenditiens
14. Maiden name Cara Atellians  15. Birthplace Many land.	(Include pregnancy within 3 months of death)  Major findings of operations.
and a line of the	Autopsy results.
Address Mechanicsula Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. Which?)  Bate thereet 2 - 4 - 4 6 (month) (day) (year)	22. VIOLENCE: If death was due te external cayses, till in the tollewing:  Accident, suicide, er hemicide
Cometery or exemptery. State of the Location Management of the Location Management of the Location of the Loca	Where did injury occur? (City or town) (County) (Start)
18. Funeral director Baghinson	Msens et injury Collassion, Maintoner Briston work?
Address geonard lown Mid.	23. SIGNATURE THE PROPERTY M. D. or other
19. (Date ec'd by registrar) Registra	ar Address Januard own Md Bate signed 12 1940

MARGIN RESERVED FOR BINDING

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

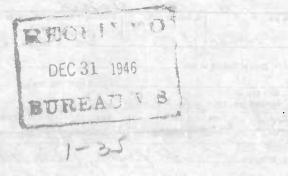
2411 N. Charles St., Baltimore (80)

### CERTIFICATE OF DEATH

12353

Rog. Dist. No.

1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For rewporn infants give residence of mother)  State
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Hamsle Cof Widow	MEDICAL CERTIFICATION  2D. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) Anthonon 1833	and that I last saw had alive go 19 19 19 19 19 19
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death Assault Golden DURATION  GO The District Constituted DURATION
9. Birihpiace	Due to.
12. Name	Diher conditions  (Include pregnancy within 3 months of death)
16. Maiden name. 21 standard Co. 15. Birthplace Af Many Co.	Major findings of operations.  Date of op
Address Park Hall Mod	Antopsy results
17. (Borial, cremation, or removal. Which?)  Cemetery or crematory.	Accident, suicide, or homicide A.C.A.A.A.A.A. Date of A.C.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A
Location Surge Constitution Surger & Sons	Means of Injury Injured al work? Injured al work?
Address Jay Ho Jay Ho Registrar Registrar	23. SIGNATURE JAMELS J. J. S. SIGNATURE M. D. or other  Address. Jakon as Alexandra J. Date signed L. B. J. J. J.



2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

12354

				-01	-	 3
X.	Reg.	Dist.	No.		X	

	Reg. Dist. Not mining and an analysis
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)  State County County City or town (if outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
	Lean College William
3. (a) FULL NAME  4. Sex Solor of race S. (a) Single, married, widowed, or divorced  Make White pivorce	3. (b) Social Security Number  3. (b) Social Security Number  479-32 5778  MEDICAL CERTIFICATION  20. DATE DF DEATH
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I believed decreased from Sand Flag Charles Day Left 8 1946.  and that I last saw h aire as 19.  Immediate cause of death Attribution as DURATION
9. Birthplace	Due to Sufferficted would be to be tring how the sadial
12. Name Walter S. Surver S. 13. Birthplace Charles Co  14. Maiden name Mussul Survey  15. Birthplace alex Va	Dither conditions of All Conditions of Gentleman (Include programmy within 3 months of death)  Major fiedings of operations.  Date of op.
Address 3 / 2 Webster 11. W. Bate the seot. (month) (day) (year)  Cemetery or crematory. (Day 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Actopsy results
18. Funeral director. W. C. Mallow Leg. Source and Control of the	Means of Injury  Injured af work?  23. SIGNATURE THAT CLAST TREE THAT CANADA CA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore 830

### CERTIFICATE OF DEATH

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sisterially important. Physicians: please write the causes of death clearly and legibly.

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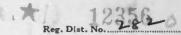
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			1	K with	9
Reg.	Dist.	No.	Aires.		

1. PLACE OF DEATH: County 20 20 20 20 20 20 20 20 20 20 20 20 20	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Many County St Mary
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rurs), give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charte Combi	
4. Sex 5. Color or Ge 8.(a) Singla, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	20. DATE DF DEATH
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
	10 10 10 16 19 16
7. Birth date of	and that I last eaw halive on Alle
8. AGE: Years   Monthe   Days   If less than one day	In module cause of death
72 9 9min.	
	. Manherten man
9. Birthplace I Carl (Town, county, arti atate)	Due to
10. Usual occupation	Due 10.
11. Industry or bueiness	Due to.
I 12 Name Marke Comps	Diher conditione
13. Birthplace It Manuis to	(Include pregnancy within 3 months of death)
14. Maiden name Assau & Storie	
5	Major findings of operations.
E 15. Birthplace of many	Date of op.
16. Informant	Autopsy results
Addrese Development My	22. VIOLENCE: If death was due to external causee, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (Yest)	Accident, suicide, or homicide
Cemetery or crematory Dur dadys chapel	Where did injury occur?
Location Maar Lemanstoners ma	Injured at home, farm, Industry, public place (where?)
a sur son	Meane of Injury Injured at work?
18. Funeral director W	Do a A Comment
Address African Monthly M.	23, SIGNATURE POLICE M. D. or other
(Date ro'd by registrar)  (Date ro'd by registrar)  (Date ro'd by registrar)	withenaston pate stone 417/44
(Date rec d Dwregistrar)	And the signed of the signed o



2411 N. Charles St., Baltimore 170-

### CERTIFICATE OF DEATH



			OZICI II I CITI	D OI BUILLII	Reg. Dist. No		
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF	DECEASED:		
County St. Mary's				(For newborn infants give residence of mother)			
City or town				State Louisiana County  City or town Shreveport  (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or	street address where	death occurred	l:	Street No. 232 Fairview St			
Gt. Mil	ls, Md.		***************************************	(If rarai, give		••••••	
Now long in hospital o	r institution?			2.(a) If veteran, name war	5 A. 600		
3. (a) FULL NAM	E				3. (b) Social Security ?	Number	
GRI MES,	Bryan Pau						
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Male	White	Sing	le	20. DATE OF DEATH December	21 19 46	, at . 3 : 45a M	
B.(b) Name of husband	or wife		***************************************	21. I CERTIFY that death occurred on the date abov			
***********************		6.(	e) If alive, give ageyears	on December 21 19			
7. Birth date of deceased (mo., day,	yr.) 6-13-23	3		and that I last saw halive on			
8. AGE: Years		Days	If tess than one day	Immediate cause of deathDrowning	<b>,</b>	DURATION	
23	5	28	hrsmin.		***************************************	************************	
9. Birthplace	rowley, To	exas		Due to Submersion after r	unning off		
	(Town	, county, and	state)	road into creek.			
10. Usual occupation.	PhMc	. *************************************		Due to			
11. Industry or busines	U.S. Na	<i>T</i> y		P40 10			
12. Name	nferen	12		Other conditions			
13. Birthplace							
	Mac Co.	ori a Mo	e Grimes	(Include pregnancy within 3 m	onths of death)		
14. Maiden name.	MI'S G	TT.C. Ma	e Grimeo	Major findings of operations			
≥ 15. Birthplace	Juko	rocu	ne		Bate of op		
18. Informant	J. 71	any	/	Autopsy results Drowning - Co			
Address So	Tu de	L.Cn	ines md.	PHYSICIAN: Please anderline the cause to whi	ch death should be charged a	statistically.	
Transportation 12:20.46			oof 12-22-46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide			
Cemetery or crematory			(month) (day) (year)	Where did injury occur? Gt. Mills, St. Mary's, Md. (City or town) (County) (State)			
to Market Class			01 - 1 - 1	(City or town) Injured at home, farm, industry, public place (who	(County)	(State)	
Location Control of the control of t			July	Meane of Injury Automobile acc	ident	2+4.17.mJ	
18. Funeral director	P.B. ROHI	NSON	***************************************	Meane of injury	Z C Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		
Address T.e.C	nardtown.	Ma	North and the second	1/1/1/4		MID	
101	46	10		23. SIGNATURE	M.D.o	rother	
19. (Date rec'd by re	19		Registrar	Address Mancestle	Date signed	hec'21	
(Date fee a by fe			ANGIOTIST	Honoratown	In Ol Rowns		



## PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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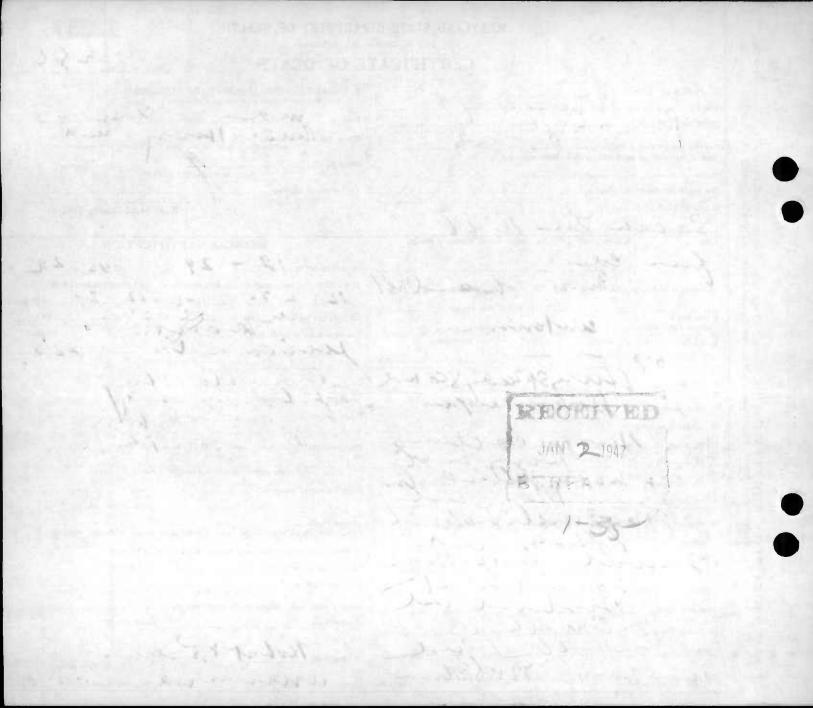
### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

### 2411 N. Charles St., Baltimore 900

Reg. Dist. No....

	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (if nutside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(if nutside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:/	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or raco   6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION
fre Ed	20. DATE OF DEATH 12 - 29 19 1/4 et 2 a m
8.(6) Namo of hueband or wife the states Education (Int)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) un Evron 889	Immediate cause of death CCCC DURATION
8. AGE: Yeare Months Days It less than one day	function is a six
9. Birthplace from Strues, Sound	Due to be be being the beauty
10. Usual occupation Delification	Due to franching the same of t
11. Industry or businose	70000
12. Rame DL 12. Rame DL 13. Birthplace	Diber conditions
14. Malden name Wil Grant Fills Parison  15. Birthplace	(Include pregnancy within 3 months of death)
El 15. Birthplace	Dato of op.
18. Interment 11 a 2 will full to	Antopsy results
Address ( / Lung	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Six Clark He and	Where did injury occur?
Location Burlined and	Injured at home, tarm, Industry, public place (where?)
18. Funeral director to C: In attack	Meane of injury Injured et work?
Address we will find	Robert & Colym
19.1.) 18.4. M. V. S. C.	Addross Addross Date eigned 12-25-46
(Date rec'd by registrar) Registrar	Addross Date eigned I



### CERTIFICATE OF DEATH

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Reg.	Dist.	No.	 ····	0		See

	-
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 1 / / / ange	(For newborn infants give residence of mother)  State
City or fown	State County State
	City or lown Mechanias weller
How long in above place of death?	(If outside city or town limits, write RURAL and givenearest town)
Hospital, institution of street authors where down vectores.	Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If voteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
(lice Jones	
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
le culità di lale.	1)
finale when series	20. DATE OF DEATH December 19.46 at 2. A
6.(b) Name of husband or wife	21. I CERTIFY that doubt occurred on the date above statod; that hattended deceased from
	19 19
7. Birth date of 1/1 / 0 (-)	and that t tast saw he alive on 11 0
deceased (mo., day, yr.)	Immediate caose of death
8. AGE: Years Months Days If less than one day	
8 9 9 17hrsmin	. Offer menerous
Maryland	Due to
9. Birthplace (Town, county, and state)	
10. Usuat occupation — 22 dane	
	Due to
11. Industry or business	
12. Name Aury TT	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maidon name Malita Ohara  SE 15. Birthplace	
of the state of th	Major findings of operations.
Che Am 14 Ces of	Dato of op.
16. Informant	Autopsy results.
Address Augherrell My	PHYSICIAN: Ptease underline the cause to which death should be charged statistically.
12 . 11 12/11/	22. VtOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Mt. Jian	Where did injury occur?
And I : ( in ) and	
Location of the house sully	injured af home, farm, industry, public place (where?)
18. Funoral director Claret M. Juacle	Moans of Injury Injured at work?
m	1 , 10
Address / Hechanicsulle Mo	23. SIGNATURE Dall G. allale
10/11 1046 Causler	M, D. or other
19. (Date rec'd by registrar) Registrar	address Stotleet My Date stenod 41/2



2411 N. Charles St., Baltimore (70-e)

### CERTIFICATE OF DEATH

				0	0-
*	Reg.	Dist.	No	1	82

1. PLACE OF DEATHS 200 6.746	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	marella de 1+ marelo
City or town	11
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Streel No.
q nouse	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. Walland Walls
3. (a) FULL NAME	3. (b) Social Security Number
John & Mills	579-18-8308
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
males wood single	20. DATE OF DEATH. 20 @ 2 6 18 46 at \$300 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attempte deceased from
	00 hlebo2 64 13 4
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Lec 20/920	Immediais cause of death Dale Mas Armonthage OURATION
8. AGE: Years Months Days If less than one day	and State uples
26 0min.	Dur to sustanded Stompen
9. Birthplace (Town, cognity, and state)	Oue to GALL States In Sister My Mysistes
10. Usual occupation	
· .	Oue to
11. Industry or business	
12. Name William K Malls 13. Birthplace St. Marie Co	Other conditions
mi Nda Do Wares.	(Include pregnancy within 3 months of death)
14. Maiden name	Major tandings of aparations of The Manual State of State of the State
E 15. Birthplace Mary Eu	Lysurveron Celva Truff of Date of on Lat Le to
16. Informant M.	Autopsy results
Address Hurry ma	
17 Bursal Date thereof Dec 28-1946	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide liste Mistale Besselendate of Ananylis Where did intervocacing Grad Rail Paile A mangale
Cemelery or crematory al and the art and fig.	(City or town) (County) (State) Ma
Location Bush would made	tnjured at home, farm, Industry, public place (where?)
18. Funeral director W. C. Mathing by Sonis	Means of Injury Superinter Villa Injured al work?
Address I for andtown ma	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0/97 111 (0)	23. SIGNATURE M. D. or other
19. (Date free'd by registrar) Registrar	Address Address Address and Date signed 1 Q La the Co.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLACE OF DEATH.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77-0

2 USUAL RESIDENCE (HOME) OF DECEASED

### 12360

### CERTIFICATE OF DEATH

Reg. Diat. No. 282

County It marks	(For newborn infante give residence of mother)
2 / 2 /	State Massell week country At Marys
City or town	State
How long in above place of death?	City or town
How long in above place of death?	1 20 10 -
	Street No.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
11 and so me las	
grang S. Manphy	
4. Sex 5. Color of ace 6.(a) Single, married, wigowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH SLC 6 19. 4 6, at 5-AM
5.(b) Name of hueband or wife Carolin Herbert	21. I CERTIFY that death occurred on the date abovo stated; that I attended deceased from
e (a) thatlus also are 3 / wase	Qcf 14 10 44 10 Qct 29 10 44
7. Birth dato of	and that I last saw h. Annalipe on QCT 25 19.74
deceased (mo., day, yr.)	Immediate cause of death fillellation of Mass. DURATION
8. AGE: Years   Months   Days   It leee than one day	Corita
38 2 20hrsmin.	
	Bat Tolk Aliver beaut
9. Birthplace Dentaille Charles Mary and	Duo to
10. Usual occupation. Mea Che assis	Due to
11. Industry or bueineee	
12. Namo Todfer Murphy 13. Birthplaco Charles ce ma	Dthor conditions
\$ 13. Birthplaco Menles co Ma	(Include pregnancy within 8 months of death)
14. Maiden name afall Inade	
14. Maiden name Affill Suade  15. Birthplaco At Marki Co	Major findings of operations.
E 15. Birthplaco A Maryo Co	Date of op.
18. Informant Mrs. Coroline & Murphy	Antepsy results.
2 2 2 2 2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Merkanczwill My	22. VIOLENCE: If death was due to external caucee, till in the following:
17 Burial Date thereof Dec 9-1945	
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or cromatory St Galass Conslery	Whora did injury occur?
Nonla made	injured at home, farm, industry, public placo (where?)
Location Sold And Sol	
1 Mathickey Kon	Meane of Injury Injured at work?
18. Funeral director	1. MV. M.
Address Leonardiow Ma	23. SIGNATURE James City & Bessellah
1011/1/1/1/1	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Lemas alwant & Date eigned /2-6-46
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CERTIFICATE OF DEATH

### 2411 N. Charles St., Baltimore (%)

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1. PLACE OF DEATH: 1 2	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County W. Mary	(For newborn infantagive residence of mother)	
18	State Malin County St. Maryo	
(If outside city or town limits, write RURAL and give nearest town)	City or town Sark Hall Jud.	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or atreet address where death occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) 11 veteran, name war. Warld War	
3. (a) FULL NAME	3. (b) Social Security Number	
Thomas Theadore	Ridgell.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
m un single	20. DATE OF DEATH /2 22 1946 at 74	
	21. I CERTIFY that death occurred on the date above atated; that I awarded deceased from	
6.(b) Name of huaband or wife	- 100 200 11.	
	12	
7. Birth date of	and that I last saw handlife and the saw handlife a	
deceased (mo., day, yr.)  8 AGF- Yeara   Montha   Daya   If less than one day	Immediais cause of death	
8. AGE: Yeara Montha Daya If less than one day	() 108g	
4/1 9 / hrzmin	<u>).</u>	
mauland.	Due to.	
9. Birthplace		
10. Usual occupation Silling station all all	0	
	Due to	
11. Industry or business		
12. Name Deo Alegell	Dther conditiona	
12. Name Alexandria 13. Birtholace Many land.		
# 1. d Cl P	(Include pregnancy within 8 months of death)	
14. Maiden name Julian Angelian Angelian III. Birthplace May Care III.	Major findings of operations.	
15. Birthplace / May Land.	Date of op	
1 1: (1/1/13:10		
16. Informant	Autopsy results	
Address Mark Wall Mo.		
Budial 12/24/46	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which)	Accident, auicide, or homicide	
Cemetery or crematory . Lances	Where did injury occur?	
The A.		
Location Confes	Injured at home, farm, Industry, public place (where?)	
1.13 (Sakinson	Maana of Injury Injured at work?	
18. Funeral director	6 -61	
Address lower lower litt.	- taging taging themewell whi	
12/1/2 1/6 100	23. SIGNATURE M. D. or other	
19. (Date red by registrar)  (Date red by registrar)	Address Hungs Cherry M. Date signed	
(ACROS AND	AND COLUMN TO THE PROPERTY OF	

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and legibly

correct age

PLAINLY, V is especially i

PLEASE WRITE



### CERTIFICATE OF DEATH

		28	38
Reg. Dist	. No.		

County Leonardtown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland Coucty St. Marys	
City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION) World War  LL	
James Thomas Short	3. (b) Social Security Number	
4. Set   5. Color or race   B.(a)Single, married, widowed, or divorced   male   colored   single	MEDICAL CERTIFICATION  2D. DATE OF DEATH. December 26 19 46 3:00 Am	
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above staled; that I attended deceased from  19. 10. 19.  and that I last saw to the date above staled; that I attended deceased from  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	
11. Industry or business    12. Name   William D. Bhort     13. Birthplace   Maryland     14. Maiden name   Mary E. Thomas     15. Birthplace   Maryland	Other conditions	
Address Pearson, Maryland	Autopsy results	
Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Bushwood, Md  18. Funeral director.  Address  Leonardtown, Md.  (May) (year)  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
19	Address Lynar Chowy Md Date signed 2-17-46	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



PLEASE WRITE

(Date rec'd by registrar)

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 189



### 12363

CERTIFICATE OF DEATH

Registrar

Reg. Diat. No.
2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Day & County II. Meany
City or town (If outside city or town limits, write RURAL and give meareat town)
Street No
2.(a) It veteran, name war
les 3. (b) Social Security Number
MEDICAL CERTIFICATION
20. DATE DF DEATH (CIC 18 18/6 at Z'2) N
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
fele 15 16 10 Ole 5 1846
and that I last ssw h
Immediaic cause ol death
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Due to
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Dther conditions
(Include pregnancy within 8 months of death)
Major findings of operations.
Date of op
Autopsy results
22. VIOLENCE: If death was due to externat causes, till in the following:
Accident, suicide, or homicide
Where did injury occur?
Injured at home, tarm, industry, public place (where?)
Msans of injury Injured at work?
1? 10 Chan an 1
23. SIGNATURE Paral C. Beenless M. D. prothey
Address liberal for Date signed 1 9 / 1

1. PLACE OF DEATH: ide city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: How long in hospital or institution?.... 3. (a) FULL NAME 5. Cotor or race 6.(a) Single, married, widowed, or divorced 4. Sex 6.(b) Name of husband or wife..... 7. Birth date of deceased (mo., day, yr.) Days If less than one day 8. AGE: Years Months 10 min 9. Birthplace..... (Town, county, and state) 1D. Usual occupation.... 11. Industry or business 13. Birthplace 14. Maiden na 15. Birthplace 14. Maiden name 16. Informant Address (month) (day) (year (Burial, cremation, or removal, Which! Cemetery or crematory. Location 18. Funeral director Address



13. Birthplace

14. Maiden na 15. Birthplace 14. Maiden name

Address

Address

(Burial, eremation, or removal, Which?)

(Date rec'd by registrar)

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write RURAL and give nearest town)

Reg. Diat. No. ..

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age bi		DEPARTMENT OF HEALTH
correct a	FILM No. I O 8 DEC. 10 1946 CERTIFICA	ATE OF DEATH Reg. D
on carefully. The correlearly and legibly.	County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County
informatic of death of	3. (a) FULL NAME  Thomas Bestram Thompson	3. (b) Soci
inf	4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICA
VDING tem of causes	male white married	20. DATE OF DEATH Dec 3
RESERVED FOR BING INK. Supply every icians: please write the	6.(b) Name of husband or wife. Samuel Statistic Statisti	and that t last saw h alive on fine and that t last saw h alive on fine and the same of death and the same of the
RGIN ADIN Physi	11. Industry or business 7 2000	Dihar conditions.

(month) (dsy) (year)

Street No	LOCATION)	00:00.100.0100.010010010010
2.(a) If veteran, name war		
	3. (b) Social Security	Number
MEDICAL CE	RTIFICATION	
20, DATE OF DEATH Dec 3		. FUE 0
27. I CENTIFY that death occurred on the date abou	e stated; that I attended dsc	eased from
18.1	o to U	3 1946
and that t last saw halive on		19 ff. 6
Immediate pase of death		DURATION
Marie Wen	mage	+
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Dther conditions		
(Include pregnancy within 3 m	ontha of death)	••
Major findings of operations		
	Date of op	
Autopsy results		
PHYSICIAN: Please underline the cause to wh	ich death should be charged	statistically.
22. VIOLENCE: If death was due to esternal cause	ses, fill in the following;	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)		
		(State)
Injured at home, farm, Industry, public place (wh		
Means of injury	Injured at work?	
$\rightarrow$	Dans	
23. SIGNATURE David U.	allely	
	M. D.	or other /

UNF important.

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